



# The City of Harrisburg, Pennsylvania, Incorporated March 19, 1860

DEPARTMENT OF ADMINISTRATION

Tax & Enforcement Office  
Suite 305-A

(717) 255-6513

## **NOTICE**

### **RE: PARKING LOT TAX ORDINANCE, CITY OF HARRISBURG (ORDINANCE 20 OF 1985, ADOPTED BY CITY COUNCIL, CITY OF HARRISBURG ON JULY 9, 1985).**

Effective September 1, 1985, all non-residential lots, whether wholly or partially enclosed or open, **including a garage**, at which motor vehicles are parked or stored for any period of time in return for payment or compensation, as defined, will hereby have imposed upon each parking transaction by a patron, **a tax**, at the rate of fifteen per centum (15%) on the consideration for each transaction.

The operator, as defined, shall collect the tax imposed on a patron by this ordinance and shall be liable to the City as agents for payment to the City.

No operator shall conduct the operation of a non-residential parking lot without obtaining an annual license at a fee of \$1.00 **per space**, per each lot.

Nothing in this ordinance shall relieve the operator of his obligation to obtain a Business Privilege and Mercantile License; provided, however, that any operator of a lot of forty spaces or less who has obtained a Business Privilege and Mercantile License will be issued a Parking License at no additional charge.

The operator will be required to file on a quarterly basis a tax form, supplied by the office, which will include the total gross receipts for that quarter, the amount of tax due, along with any penalty and interest that might be due for filing late.

No operator shall begin or continue to conduct the operation of non-residential parking lot without obtaining for each lot operated by him a bond to secure faithful performance by such operator of the duties imposed on him by this ordinance. Such bonds shall be renewed annually. Each bond will be filed with the Business Administrator and will be in the amount equal to \$1,000.00 per 10 parking spaces, but in no event shall the amount of said bond be less than \$1,000.00.

The collection and transmittal of taxes imposed under this ordinance **shall not exempt** the operator from the City's Business Privilege and Mercantile Tax Ordinance.

Enclosed you will find an application for the Parking Lot License. Please return the completed application along with your performance bond. Your license will then be processed and will be sent to you for payment, along with your first quarterly tax form.

If you would have any further questions concerning this information, please feel free to contact my office.

Sincerely,

Tax & Enforcement Office

**CITY OF HARRISBURG  
APPLICATION FOR A PARKING LOT LICENSE**

**MAIL TO:** TAX AND ENFORCEMENT OFFICE  
10 N 2ND STREET, SUITE 305-A  
HARRISBURG, PA 17101

DATE APPLIED \_\_\_\_\_

Application is hereby made for a Parking Lot License for the year(s) 20\_\_\_\_ as required by Ordinance 20 of 1985 of the Codified Ordinances for the City of Harrisburg as amended by the City Council of the City of Harrisburg providing for same.

1. Business name and address. If conducted under a corporate name or fictitious name, list name **(please print clearly)**:

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
BUSINESS ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_  
MAILING ADDRESS, IF DIFFERENT THAN ABOVE

\_\_\_\_\_  
BUSINESS TELEPHONE NUMBER IRS ID. NUMBER

2. Check the appropriate category which accurately describes your parking facility: Garage \_\_\_\_\_ Lot \_\_\_\_\_

3. Check if parking facility is: Residential \_\_\_\_\_ Non-Residential \_\_\_\_\_ Combination \_\_\_\_\_

4. Indicate number of parking spaces: \_\_\_\_\_

5. Check whether business is: Incorporated \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Agent \_\_\_\_\_

6. Give the name(s) of the true owners of the said business, their legal residence **(excluding post office boxes)**, social security number, date of birth, and telephone number:

NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
CITY, STATE & ZIP	CITY, STATE & ZIP	CITY, STATE & ZIP
SOCIAL SECURITY #	SOCIAL SECURITY #	SOCIAL SECURITY #
DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH
TELEPHONE #	TELEPHONE #	TELEPHONE #

**FURTHER INFORMATION APPEARING ON REVERSE SIDE MUST BE COMPLETED!!!**

**7. Performance bond information:**

Insurance Company's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Effective Date of Bond:

\_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount of Bond: \_\_\_\_\_

Amount of bond shall be equal to \$1,000.00 per 10 parking spaces, but in no event shall the amount of said bond be less than \$1,000.00.

**I VERIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT. I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN ARE SUBJECT TO THE PENALTIES OF 18 PA. C.S. #4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

**OFFICE USE ONLY!!  
ONLY!!**

**APPROVALS**

**OFFICE USE**

I HEREBY CERTIFY THAT PROPER REGULATIONS OF THE BUSINESS LISTED HEREIN HAS BEEN ESTABLISHED WITH THE TAX LICENSING OFFICE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TAX & ENFORCEMENT ADMINISTRATOR

LICENSE NUMBER \_\_\_\_\_